

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
Herbert S. Saffir Permitting and Inspection Center
 11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2100

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PERMIT APPLICATION

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE

LOCATION IMPROVEMENT	Job Address <u>3101 N.W. 54th Miami, FL</u>	CONTRACTOR INFORMATION	Contractor No. _____
	Form _____ Lot _____ Block _____ Subdivision _____ PBpg _____ Measures and bounds _____		Last four (4) digits of Qualifier No. _____ Contractor Name _____ Qualifier Name _____ Address _____ City _____ State _____ Zip _____
TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Short Term Event <input type="checkbox"/> New Roof <input type="checkbox"/> Recovery (Roof) <input type="checkbox"/> Permit by Affidavit	<input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only	Current use of property _____ Description of Work <u>Correct Violation</u> <u>Second Floor Living</u> Sq. Ft. _____ Units _____ Floors _____ Value of Work <u>9,600.00</u>
	<input checked="" type="checkbox"/> Building Category <u>DI</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection	OWNER'S NAME Owner <u>Gilbert Robinson</u> Address <u>3101 N.W. 54th</u> City <u>Miami</u> State <u>FL</u> Zip <u>33142</u> Phone <u>786-469-1982</u> Last four (4) digits of Owner's Social Security No. <u>4408</u>
PERSON TO PICK UP PLANS	Name <u>Gilbert Robinson</u> Address <u>3101 N.W. 54th</u> City <u>Miami</u> State <u>FL</u> Zip <u>33142</u> Phone _____		ARCHITECT ENGINEER Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
BONDING	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____		



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*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, WINDOW, SHUTTERS and ROOFING** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT: I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work that is in violation of any association rule or regulation."

Signature of Owner or Owner's Agent [Signature]

PRINT NAME _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of August 2012

by [Signature] Notary Public

Signature of Notary Public _____

Print Name _____

(SEAL)

Signature of Qualifier _____

PRINT NAME _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20____,

by _____

Signature of Notary Public _____

Print Name _____

(SEAL)

Personally known _____

or Produced Identification _____

Miami Dade County Department of Regulatory And Economic Resources - Job Copy

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